PART B -FEE(S) TRANSMITTAL

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CURRENT COMESPONDENCE ADDRESS (Noise: Use Black 1 for any change of address) 30678 CONNOLLY BOVE LODGE & HUTZ LLP 1875 Fys Siroca, NW saire 1100 Washington, DC 20006				Note: A certificate of mailing can only be used for domestic mailings of the Fe(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificates of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fe(s) Transmission is being deposited with the United States Postal Service with sufficient possage for first class mid in an envelope addressed to the Mits Pe(S) UTS address short or being facinities manumited to the USFTO (571)273-2885, on the date indicand below. (Spentor's name (Spentor's name) (Spentor's name		
APPLICATION NO.	FILING DATE FIRST NA		NAMED INVENT	OR	ATTORNEY DOCKET NO). CONFIRMATION NO.
10/596,344	06/09/2006	Martin Stork			I2810-00256-US1	5512
TITLE OF INVENTION: THERMOPLASTIC MOULDING COMPOUNDS EXHIBITING IMPROVED CHEMICAL RESISTANCE						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		ATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00			\$1,810.00	04/20/2010
EXAMINER J. C. Mullis		ART UNIT				
"Fee Address" in form PTO/SB/47 Use of a Custom 3. ASSIGNEE NAME A PLEASE NOTE: Unle:). spondence address (or Address form PTO/SB/I dication (or "Fee Addres Rev 03-02 or more rec er Number is required ND RESIDENCE DAT is an assignee is identifierth in 37 CFR 3.11. Cor EE	r Change of 22) attached. (2) it a regular ment) attached. A TO BE PRINTED and below, no assigned mpletion of this form	2. For printing on the potent front page, list (1) the names of up to 3 registered patient (2) the annes of up to 3 registered patient attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member 2 a registered attorney or agent) and the names of up to 2 registered patient attorneys or agents. If no name is listed, no name will be printed. TEPO NT HE PATENT (print or type) ssignee data will appear on the patient. If an assignee is identified below, the document has been filled s form is NOT a substitute for filling an assignment. (16) RESIDENCE: (CITY and STATE OR COUNTRY) Ludwigshafen, Germany printed on the patient. In Individual X Corponition or other private group entity. Government			
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
X Issue Fee A check in the ar					s) is enclosed.	
=	No small entity discount	permitted) X	X Payment by credit card. Form PTO-2038 is attached.			
Advance Order -	of Copies	□	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0185			
5. Change in Entity Status (from status indicated above)						
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee fit required) with not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.						
Authorized Signature /Bryant L. Young/			ing/		Date	April 16, 2010
Typed or printed name Bryant L. Young					Registration No.	49,073